

State of Maryland
Department of the Environment
Hazardous and Solid Waste Mgmt. Administration
2500 Broening Highway
Baltimore, Maryland 21224
Tel. No. (301) 631-3400

Gen

(Mid Atlantic Finishing)

Generator Inspection.

MD98 5386143

FI 910114 PG 014

Inspector Frantz

Date 1/14/91

Facility Name Mid Atlantic Finishing

Address 4656 Addison Rd.

Capitol Heights, Md. 20743

Facility's EPA I.D. No. MDP 000002103 *

Facility's Representative Ray Patel

Facility's Telephone No. (301) 322-2233

* Facility has apparently not notified EPA/MDE of generator status and is using a provisional number on manifests.

Section A - CHS Generation (COMAR 26.13.02)

1. Does the facility generate CHS as defined in COMAR 26.13.02.10-.19 (ignitable, corrosive, reactive, EP toxic or RCRA listed)? ☒ Yes ☐ No
If Yes, list CHS and explain in Section G. FO06

2. Is characteristic determined by methods specified in COMAR 26.13.02.11-.14? ☐ Yes ☐ No N/A
If No, what method was used? Attached ☒ Knowledge

3. Is the facility a small quantity, or large quantity generator?
How much? large quantity ~5000 lbs FO06 sludge every three months

4. If small quantity, does the generator meet requirements as defined in COMAR 26.13.02.05? ☐ Yes ☐ No N/A
Explain the method of disposal in Section G.

Section B - Manifest (COMAR 26.13.03)

1. Is manifest system in operation for off-site shipment? ☒ Yes ☐ No

2. Does manifest include the following information:

Manifest document number	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Generator's name, address, telephone no.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Generator's EPA I.D. No.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *
Transporter's name and EPA I.D. No.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
State of MD transporter's certificate no.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
State of MD driver's certificate no.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate transporter's name and EPA I.D. No.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Designated TSDF name, address, & EPA I.D. No.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate TSDF name, address, & EPA I.D. No.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Description of the waste as required by DOT	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total quantity of each hazardous waste by units of wt. or volume and type & no. of containers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Shipment Date	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is proper certification noted on manifest	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

* using provisional number.

Section C - Pre-Transport Requirements (COMAR 26.13.03.05)

- Is each container marked with date of accumulation?
labels not accessible to inspection. ☒ Yes ☐ No
- Has any waste been stored over 90 days? ☐ Yes ☒ No
If Yes, how much _____
- Are containers in good condition? ☒ Yes ☐ No
If No, explain _____
- Are containers properly labeled? ☒ Yes ☐ No
- Is satellite accumulation no more than 55 gallons of hazardous waste or 1 qt. of acute hazardous waste?
no satellite accumulation ☐ Yes ☐ No *N/A*
If No, how much _____

Section D - Recordkeeping and Reporting (COMAR 26.13.03.06)

- Does the generator have signed copies of all manifests for the previous three years? ☒ Yes ☐ No
- Does the generator have copies of annual report for the previous three years? ☒ Yes ☐ No
- Did the generator file any exception report during the last three years? ☐ Yes ☒ No

Section E - Special Conditions (COMAR 26.13.03.07)

- Did the generator export or import any hazardous waste to and from a foreign country? ☐ Yes ☒ No
If Yes, explain in Section G.

2. Did the generator comply with State of Maryland's regulations? ☐ Yes ☒ No *N/A*
If No, explain in Section G.

Section F - General Requirements (COMAR 26.13.05)

1. Does the facility meet the general facility standards as required in COMAR 26.13.05 which include but not limited to the following:
- | | | |
|---|---|--|
| Personnel training (COMAR 26.13.05.02G) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Aisle space (COMAR 26.13.05.02I) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Preparedness and preventive program (COMAR 26.13.05.03) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Written contingency plan and emergency procedures (COMAR 26.13.05.04) <i>needs update</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Containment system (COMAR 26.13.05.09) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
- If the answer is No, explain in Section G.
2. Has the facility submitted a copy of the contingency plan and emergency procedures to the Department? ☐ Yes ☒ No
3. Does the facility lack in any standard other than the above mentioned, as a minimum requirement established in COMAR 26.13.05? ☐ Yes ☒ No

Section G - Report of Observation

hazardous wastes

A1 - F006 - wastewater treatment sludge

F006 - ion exchange resin beds from treatment of wastewater

F1. Company has no training records for personnel.

F2. Company is updating contingency plan, will submit to MDE when updated.

see also attached pages.



State of Maryland
Department of the Environment
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2500 Broening Highway, Baltimore, Maryland 21224

P. 1 of 2

Report of Observations

Type of Inspection/Observations: Compliance Evaluation Inspection Date 1/14/91

Facility Name: Mid-Atlantic Finishing, Inc.

Remarks: met with Mr. Ray Patel, Chemist. Company also represented by Bob Mason and Bob Magia.

Company is involved in metal plating for military and commercial customers. (including automotive). Metals plated include zinc cadmium, copper, tin, tin/zinc, nickel iron gold silver, and brass. Operation is divided between old building and new line on lower level. Waste rinse waters from old building (Cr and CN-bearing) are piped through double wall PVC to an ion exchange resin system which removes Cr + CN. Cleaned water is reused in rinse tanks. Two sets of resin beds are owned by MAF, with one being regenerated at any time by Compliance Recycling of Levittown, Pa. Beds are shipped under HW Manifest (F006) to regenerator.

Waste rinse waters from new line are treated in waste water treatment system on site to destroy CN and precipitate Cr. Supernatant from Clarifier is ~~passed in system~~ discharged to WSSC.

Water removed from sludge in plate & frame filter is re-introduced into WWTP. System is also used to treat any spillage from plating tanks which is collected by sumps.

Discharge to WSSC is tested daily by MAF. Quarterly testing is done by independent Lab with split samples analyzed in-house. WSSC also samples discharge.

Sludge from plate & frame filter is removed every 90 days by Clean Harbors. 16 drums of F006 are awaiting pickup this afternoon. Last shipment was on 10/12/90 (14 drums).

Observer: Douglas E. Frantz

Person Interviewed: [Signature]



Report of Observations

page 2 of 2

Type of Inspection/Observations: CEI Date 1/14/91

Facility Name: MAF

Remarks:

Behind plant a 40' shipping container is used to store dry chemicals used in plating. A storage room at the north end of building also stores raw materials mostly in small containers (5 gallon or less).

Following areas were noted to ~~be~~ ~~need~~ need correction:

1. Company needs a permanent EPA ID number. Presently using MDP 000002103. An application will be sent to Mr. Patel.
2. LDR paperwork should be kept with appropriate manifest.
3. HW drums in storage area should be labeled with accumulation date & "Hazardous Waste" so that labeling is visible.
4. Those workers involved with handling of hazardous waste should receive ~~for~~ training in compliance with regulations. According to Mr. Patel, plans are being made to have training done.
5. Contingency Plan needs updating. Once updated, a copy should be sent to this writer.

Observer:

Douglas E. Frantz

Person Interviewed:

[Signature]

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

APR 26 1991

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

M D P 0 0 0 0 0 2 1 0 3

II. Name of Installation (Include company and specific site name)

MD 985386143

M I D A T L A N T I C F I N I S H I N G , I N C.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4 6 5 6 A D D I S O N R O A D

Street (continued)

City or Town

State

ZIP Code

C A P I T O L H E I G H T S M D 2 0 7 4 3 - 9 9 9 8

County Code

County Name

C 3 3 P R I N C E G E O R G E S

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4 6 5 6 A D D I S O N R O A D

City or Town

State

ZIP Code

C A P I T O L H E I G H T S M D 2 0 7 4 3 - 9 9 9 8

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

P A T E L R A Y

Job Title

Phone Number (area code and number)

C H E M I S T 3 0 1 - 3 2 2 - 2 2 3 3

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

X 4 6 5 6 A D D I S O N R O A D

City or Town

State

ZIP Code

C A P I T O L H E I G H T S M D 2 0 7 4 3 - 9 9 9 8

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

M I D A T L A N T I C F I N I S H I N G I N C

Street, P.O. Box, or Route Number

4 6 5 6 A D D I S O N R O A D

City or Town

State

ZIP Code

C A P I T O L H E I G H T S M D 2 0 7 4 3 - 9 9 9 8

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

3 0 1 - 3 2 2 - 2 2 3 3 P P Yes No X

RECEIVED
GENERAL STATE SECTION

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify </p>	<p>3. Treater, Storer, Disposer (at installation)</p> <p>Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 6	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>RAY PATEL</i>	Name and Official Title (type or print) RAY PATEL Chemist	Date Signed 2-28-91
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XI. Comments

Please issue us a new permanent
EPA's ID Number.

MAR 4 1991

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

MDD985386143

INSTALLATION ADDRESS

PATEL RAY CHEMIST
MID ATLANTIC FINISHING INC
4656 ADDISON RD
CAPITOL HEIGHTS MD 20743

4656 ADDISON RD
CAPITOL HEIGHTS MD 20743